

# BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
<b>CLAIMS</b>									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		*	*
								IND.	DEP.
1							51		
2							52		
3							53		
4							54		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4						TOTAL IND.		
TOTAL DEP.	8						TOTAL DEP.		
TOTAL CLAIMS	12						TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS